

## HEALTH ENTITIES

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**REQUIRED FILINGS IN THE STATE OF:** ARIZONA **Filings Made During the Year** 2015

CI = Casualty Insurer

HMDO = Hospital, Medical, Dental & Optometric Service Corporation

DI = Disability Insurer

LD = Life & Disability Insurer

HCSO = Health Care Services Organization

PC = Property & Casualty Insurer

PPD = Prepaid Dental Plan Organization

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES
			Domestic State	NAIC	Foreign State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 ½"x14")	2	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O, R
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	R
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	2	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	Company	O, P, AA, BB
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	0	EO	xxx	4/1	NAIC	CC
	13	Health Care Exhibit's Allocation Report Supplement	0	EO	xxx	4/1	NAIC	CC
	14	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	15	Life Supplemental Data due March 1	1	EO	xxx	3/1 Foreign LD 3/31 Domestic LD	NAIC	O
	16	Life Supp Statement non-guaranteed elements - Exh 5, Int. #3	1	EO	xxx	3/1 Foreign LD 3/31 Domestic LD	Company	O
	17	Life Supp Statement on par/non-par policies - Exh 5, Int. 1 & 2	1	EO	xxx	3/1 Foreign LD 3/31 Domestic LD	Company	O
	18	Life Supplemental Data due April 1	1	EO	xxx	4/1	NAIC	
	19	Long Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis	2	EO	xxx	4/1	Company	S
	21	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O

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			Domestic State	NAIC	Foreign State			
	22	Medicare Part D Coverage Supplement	1	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC 5/15, 8/15, 11/15	NAIC	O
	23	Property/Casualty Supplement Due March 1	1	EO	xxx	3/1 Foreign CI, PC 3/31 Domestic CI, PC	NAIC	O
	24	Property/Casualty Supplement Due April 1	1	EO	xxx	3/1 Foreign CI, PC 3/31 Domestic CI, PC	NAIC	O
	25	Risk-Based Capital Report	1	EO	xxx	3/1 Domestic PPD 3/31 Domestic HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O,Q
	26	Schedule SIS	1	N/A	N/A	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	
	27	Supplemental Compensation Exhibit	1	N/A	N/A	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	60	Annual Statement Electronic Filing	0	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	61	March .PDF Filing	0	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	62	Risk-Based Capital Electronic Filing	0	EO	N/A	3/1 Domestic PPD 3/31 Domestic HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	63	Risk-Based Capital .PDF Filing	0	EO	N/A	3/1 Domestic PPD 3/31 Domestic HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	64	Supplemental Electronic Filing	0	EO	xxx	4/1	NAIC	
	65	Supplemental .PDF Filing	0	EO	xxx	4/1	NAIC	
	66	Quarterly Statement Electronic Filing	0	EO	xxx	5/15, 8/15, 11/15	NAIC	
	67	Quarterly .PDF Filing	0	EO	xxx	5/15, 8/15, 11/15	NAIC	
	68	June .PDF Filing	0	EO	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	T
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	

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			Domestic State	NAIC	Foreign State			
	84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	T
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	T
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	T
	88	Request for Exemption to File	1	N/A	N/A		Company	
	89	Relief from five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	90	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
	91	Relief from the Requirement for Audit Committees	1	EO	N/A	3/1	Company	
		<b>V. STATE REQUIRED FILINGS***</b>						
	101	Actuarial Certification of Rates for Small Employer Health Benefits Plans <u>and</u> Accountable Health Plan Small Employer Base Premium Rates and Index Rates	1	0	1	4/1 HCSO, HMDO, CI, DI, LD, PC	State	X
	102	Actuarial Opinion Summary	1	0	xxx	3/31 Domestic CI, PC ONLY	Company	P, BB
	103	Annual Tax and Fees Report and Payment	1	0	1	3/1	State	
	104	Arizona Business Only Pages, Applicable to Multi-State HCSO Only	2	0	1	3/31 Multi-State HCSO	NAIC	R
	105	Arizona State Pages 30 <u>and</u> Supp71	1	0	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	
	106	Arizona Special Schedule P <b>Form E-478/E-WCA</b> for Arizona Workers' Compensation Deposit	1	0	1	4/15 CI, PC	State	Z
	107	Audited Financial Report <b>Transmittal Form E-AFR</b>	1	0	0	6/1	State	T
	108	Audited Financial Report Internal Control Filings <b>Transmittal Form E-AFR.IC</b>	1	0	0	8/1	State	T
	109	Certificate of Advertising Compliance <b>Form E-HCSO-13</b>	1	0	1	3/31 HCSO and HMDO with HCSO operation only	State	
	110	Certificate of Disclosure Form E-178 or HMDO Certificate of Disclosure Form E-HMDO-178	1	0	1	3/1 Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	State	U

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			Domestic State	NAIC	Foreign State			
	111	Credit Life, Disability, and Unemployment Insurance Experience Report <u>and</u> Credit Property Insurance Experience Report	1	0	1	4/1 CI, DI, LD, PC	State	X
	112	Form B, C, and F Insurance Holding Company System Registration Statement	1	0	N/A	3/31 Domestic CI, DI, LD, PC, PPD	State	J, Y
	113	HCSO Plan for Risk of Insolvency; Actuarial Memorandum and Certification of Rates	1	0	1	3/31 HCSO and HMDO with HCSO Operation ONLY	Company	V,W
	114	Health Entities Filings Checklist <b>Form E-NAIC.HEALTH</b> (Pages 1 thru 4 Only of this form with Column 1 and page 4 contact information completed)	1	0	1	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	State	
	115	HIPAA Reports to Life & Health Division	1	0	1	3/1	State	X
	116	Management Discussion and Analysis Transmittal - <b>Form E-MDA</b>	1	0	0	4/1	State	S
	117	Producer Controlled Property and Casualty Insurance Report <b>Form E-350</b>	1	0	0	3/31 Domestic CI, PC	State	
	118	Records Location Information <b>Form E-176</b>	1	0	0	3/31 Domestic only	State	
	119	Regulatory Asset Adequacy Issues Summary	1	0	xxx	3/15 Domestic LD Only	Company	P, AA
	120	Signed Jurat	1	xxx	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	L

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\*For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC.

Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL:

[http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm).

PREPARED BY:

NAME & TITLE

PHONE NUMBER

E-MAIL ADDRESS

## HEALTH ENTITIES

NOTES AND INSTRUCTIONS (A-M APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Tony McCormack Administrative Assistant III Phone: (602) 364-3245 E-mail address: <a href="mailto:AMccormack@azinsurance.gov">AMccormack@azinsurance.gov</a>
B	Mailing Address:	Arizona Department of Insurance <b>Financial Affairs Division</b> 2910 North 44 <sup>th</sup> Street, Suite 210 Phoenix, Arizona 85018-7269
C	Mailing Address for Filing Fees:  <b>Due 3/1</b> Foreign CI, DI, LD, PC and all PPD <b>Due 3/31</b> Domestic CI, DI, LD, PC and all HCSO, HMDO	Arizona Department of Insurance <b>Insurance Tax Unit</b> 2910 North 44 <sup>th</sup> Street, Suite 210 Phoenix, Arizona 85018-7269  Use appropriate form located on our Tax Forms and Instructions web page at <a href="http://www.azinsurance.gov/taxunit/index.html">http://www.azinsurance.gov/taxunit/index.html</a> and the <b>NAIC OPT<sup>ins</sup> System</b> .  <b>YOU MAY ELECTRONICALLY FILE &amp; PAY TAXES AND FEES VIA NAIC OPT<sup>ins</sup> SYSTEM</b>
D	Mailing Address for Premium Tax Payments:  <b>Premium Tax Due Dates:</b> <b>Due 3/1</b> Annual Tax and Fees Report and Payment  <b>Due 3/15, 4/15, 5/15, 6/15, 7/15, 8/15</b> Installment Tax Payments	Arizona Department of Insurance <b>InsuranceTax Unit</b> 2910 North 44 <sup>th</sup> Street, Suite 210 Phoenix, Arizona 85018-7269  <u>Contact Person:</u> Susan Yopez (602) 364-3997 E-mail address: <a href="mailto:SYopez@azinsurance.gov">SYopez@azinsurance.gov</a>  Use appropriate form located on our Tax Forms and Instructions web page at <a href="http://www.azinsurance.gov/taxunit/index.html">http://www.azinsurance.gov/taxunit/index.html</a> and the <b>NAIC OPT<sup>ins</sup> System</b> .  <b>YOU MAY ELECTRONICALLY FILE &amp; PAY TAXES AND FEES VIA NAIC OPT<sup>ins</sup> SYSTEM</b>
E	Delivery Instructions:	All packages <b>must</b> bear U.S. postmark or courier pick-up date. If due date is a weekend or holiday, deadline is next business day.
F	Late Filings:  License will be summarily suspended if renewal fee is not paid when due or if financial condition is unknown due to failure to file annual statement.	Up to \$25.00 per day – Annual Statement, Annual Fees, Actuarial Opinion, Management Discussion and Analysis or Audited Financial Report. Up to \$25.00 per day – Certificate of Disclosure Form E-178. Up to \$100.00 per day – Quarterly Statements. We use the USPS postmark or courier pick-up date as the date filed.
G	Original Signatures:	<b>DOMESTIC:</b> Original signatures are required on <b>all</b> filings except for the <u>Duplicate</u> Annual Statement.
H	Signature/Notarization/Certification:	NOTARIZED SIGNATURES <b>MUST</b> BE OF AT LEAST TWO (2) OF YOUR EXECUTIVE OFFICERS, <u>WHO ARE LISTED ON YOUR JURAT PAGE.</u>

## HEALTH ENTITIES

I	Amended Filings:	<b>Must</b> be filed within 10 days with explanation. Signature requirements apply.
J	Exceptions from normal filings:	<p><b>EXEMPTIONS:</b>  Annual Statement filing exemption – NONE.  Audited Financial Report exemptions use NAIC Annual Statement Instructions. <b>Must be</b> filed at least <b>10 days prior to due date</b>.  Form F waiver must be filed no later than March 31. <b>Form E-DIRCOMWAIVER</b>.</p> <p><b>EXTENSIONS:</b>  Approved for a catastrophic event only.</p> <p><b>FOREIGN:</b>  <b>Must</b> provide a copy of an exemption/extension letter from your state of domicile.</p>
K	Bar Codes (State or NAIC)	Use NAIC Annual Statement instructions.
L	Signed Jurat	<b>Domestic – Must</b> have <b>ORIGINAL</b> NOTARIZED SIGNATURES OF TWO (2) OF YOUR EXECUTIVE OFFICERS <u>WHO ARE LISTED ON YOUR JURAT PAGE</u> .
M	NONE Filings:	Every page of the annual statement must be included in sequential page number order. All State forms <b>must</b> be completed or stamped <b>“None”</b> if there are no entries on the form, and returned as instructed.
N	Filings new, discontinued, or modified materially since last year:	None of the filings have been discontinued since last year.
O	NAIC Electronic Filings:	NAIC electronic filing due date for an Arizona domestic company <b>not licensed in any other state is 3/31</b> (ARS §20-234).
P	Actuarial Opinion	<p><b>Life/Health Insurers see</b> ARS Title 20, Chapter 3, <b>Article 8</b>.  <b>Property/Casualty Insurers see</b> ARS Title 20, Chapter 3, <b>Article 9</b>.  <a href="http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20">http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20</a>  <b>ALSO SEE NOTE AA or BB</b></p>
Q	Risk-Based Capital (RBC)	<b>Must</b> be a bound copy <b>separate</b> from the Annual Statement ( <b>not bound inside Annual Statement</b> ).
R	<p><b>Arizona Business Only Pages – <u>HARD COPY FILING</u> by Foreign HCSO and Domestic HCSO doing business in other states</b></p> <p><b>Due 3/31</b> Annual  <b>Due 5/15/ 8/15, 11/15</b> Quarterly</p>	<p><b>Multi-State HCSO must file with us</b> the following <b>additional</b> Annual (A/S) <u>and</u> Quarterly (Q/S) Statement pages <u>reporting Arizona Business Only</u>.</p> <p><b>Attach a cover sheet marked “ARIZONA BUSINESS ONLY” to file:</b></p> <p>Page 7                      <b>A/S AND Q/S</b>      Analysis of Operations by Lines of Business</p>
S	Management Discussion and Analysis Report Transmittal <b>Form E-MDA</b>	<b>Form E-MDA MUST</b> be completed and attached to front cover of the Management Discussion and Analysis Report filed with us.

## HEALTH ENTITIES

T	<p>Audited Financial Report Transmittal <b>Form E-AFR</b></p> <p>Internal Control Filings Transmittal <b>Form E-AFR.IC</b></p> <p>Communication of Internal Control Related Matters Noted in an Audit <b>must be filed even if NO unremediated material weaknesses were noted</b> (so state).</p>	<p><b>Form E-AFR <u>MUST</u></b> be completed and attached to front cover of the Audited Financial Report filed with us.</p> <p><b>Form E-AFR.IC <u>MUST</u></b> be completed and attached to the Internal Control documents filed with us.</p>
U	<p>Certificate of Disclosure <b>Forms:</b></p> <p><b>E-178</b></p> <p><b>E-HMDO-178</b></p>	<p>HOSPITAL, MEDICAL, DENTAL, OPTOMETRIC SERVICE CORPORATIONS <b><u>must</u> file form E-HMDO.178.</b></p> <p>The form should be <b><u>directed immediately</u></b> to your EXECUTIVE OFFICERS OR DIRECTORS <b><u>WHO ARE LISTED ON THE JURAT PAGE</u></b> for notarized original signatures. <u>Incomplete certificates will not be accepted</u> and may result in statutory penalty of \$25 per day.</p>
V	<p>HCSO and HMDO's with an HCSO Operation</p> <p><b>HCSO Plan for Risk of Insolvency;</b> Actuarial Memorandum and Certification of Rates</p>	<p>File the Actuarial Memorandum and Actuarial Certification of Rates <b><u>and</u></b> a report of any changes made to the Plan for Risk of Insolvency <b>OR</b> written confirmation that no changes were made to the Plan for Risk of Insolvency. You <b><u>are not</u></b> required to file the entire Plan for Risk of Insolvency each year. You are <b><u>only</u></b> required to <b>report any changes</b> to the plan <b>OR confirm</b> there were <b>no changes</b> made. ARS §20-1069</p>
W	<p><b>HCSO Significant Modifications</b></p>	<p>HCSO <b><u>must</u></b> report any significant modification to information previously furnished in the application for Certificate of Authority within 10 days. ARS §20-1053(B)</p>
X	<p>1. <b>HIPAA Reports Due 3/1</b> <b><u>Other Life &amp; Health Division Reports Due 4/1:</u></b></p> <p>2. Credit Life, Disability, and Unemployment Insurance Experience Report</p> <p>3. Credit Property Insurance Experience Report</p> <p>4. Actuarial Certification of Rates for Small Employer Health Benefits Plans</p> <p>5. Accountable Health Plan Small Employer Base Premium Rates and Index Rates</p> <p><b><i>Call our Life and Health Division at (602) 364-2393 for assistance with these filings.</i></b></p> <p><b><u>Mail To:</u></b> Arizona Department of Insurance <b>Life and Health Division</b> 2910 North 44<sup>th</sup> Street, Suite 210 Phoenix, Arizona 85018</p> <p><b><u>DO NOT</u></b> send these reports in your Annual Statement package.</p>	<p>1. <b>HIPAA Reports (due March 1) <u>must</u></b> be filed if you offer health insurance coverage in the individual market. ARS §20-1382. If NOT REQUIRED, please indicate on form. Use Forms HIPAA-3/1, HIPAA-I, HIPAA-II and HIPAA-III.</p> <p>2. <b>Credit Life, Disability, and Unemployment Insurance Experience Report (due April 1) <u>must</u></b> be filed if you write credit insurance business in Arizona. A.A.C. R20-6-604.07.</p> <p>3. <b>Credit Property Insurance Experience Report (due April 1) <u>must</u></b> be filed if you write credit property insurance in Arizona. ARS §20-1621.05</p> <p>The forms above are on our web site at <a href="http://www.azinsurance.gov/insforms.html#section_two-a">http://www.azinsurance.gov/insforms.html#section_two-a</a> Scroll down to "Life and Health Division Reporting Forms."</p> <p>4. <b>Actuarial Certification of Rates for Small Employer Health Benefits Plans (due April 1) <u>must</u></b> be filed if you are an approved Accountable Health Plan. ARS §20-2311(E).</p> <p>5. <b>Accountable Health Plan Small Employer Base Premium Rates and Index Rates (due April 1) <u>must</u></b> be filed if you are an approved Accountable Health Plan. ARS § 20-2311(G).</p>

## HEALTH ENTITIES

Y	<p><b>Form B and C</b> Insurance Holding Company System Registration Statement</p> <p><b><u>DO NOT</u></b> send in Annual Statement package.</p>	<p><b>ARIZONA DOMESTIC COMPANIES ONLY</b></p> <p>See Forms E-185, E-185B, E-185C, E-185D, E-185F, and E-185XD, available on our web site at <a href="http://www.azinsurance.gov/corp_misc.html">http://www.azinsurance.gov/corp_misc.html</a></p>
Z	<p><b>Arizona Special Schedule P Form E-478</b>, Annual Report of Arizona Workers' Compensation Losses and Loss Expenses Form E-WCA</p>	<p><u>Must</u> be filed if you write or reinsure <b>Arizona workers' compensation insurance business</b>. Forms available at <a href="http://www.azinsurance.gov/corp_misc.html">http://www.azinsurance.gov/corp_misc.html</a></p>
AA	<p><b>Regulatory Asset Adequacy Issues Summary</b> ARS Title 20, Chapter 3, Article 8. <a href="http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20">http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20</a></p>	<p><b>ARIZONA DOMESTICS transacting LIFE insurance ONLY: Mail ONE original in envelope stamped or labeled "Confidential" to:</b> <b>Attention: Alan Walters, CFE, Financial Analyst</b> <b>(see Instruction B for mailing address)</b></p>
BB	<p><b>Actuarial Opinion Summary</b> ARS Title 20, Chapter 3, Article 9. <a href="http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20">http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20</a></p>	<p><b>ARIZONA DOMESTICS transacting Property or Casualty insurance ONLY: File only ONE original document, stamped or labeled "Confidential" – attach it to the <b>INSIDE</b> cover of <b>your <u>DUPLICATE</u> Annual Statement.</b></b></p>
CC	<p>Health Care Supplements</p>	<p>You are <u>not</u> required to file hard copies of these new Supplements with us.</p>



## HEALTH ENTITIES

### General Instructions for Companies to Use Checklist

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic filing is intended to be filings submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)** Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)** Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)** Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Risk-Based Capital .PDF Filing** is the .pdf file for risk-based capital data.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the complete quarterly filing and the PDF files for all quarterly data.

The **Quarterly .PDF Filing** is the .pdf for quarterly statement data.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)** Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. If such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)** Indicates the date on which the company must file the form.

**Column (6) (Form Source)** This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)** This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.